**PATENT APPLICATION****DECLARATION AND POWER OF ATTORNEY****ATTORNEY DOCKET NO.50037.0216US01****MS DOCKET NO. 303757.01**

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Dynamic Memory Heap Tagging**

the specification of which is filed herewith unless the following box is checked:

☐ was filed on \_\_\_\_\_ as US Application Serial No. or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

**Foreign Application(s) and/or Claim of Foreign Priority**

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES:___ NO:___
			YES:___ NO:___

**POWER OF ATTORNEY:**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

**Customer No. 27488**

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**Send Correspondence to:**

Contact Name: Mark R. Hennings  
Merchant & Gould P.C.  
P.O. Box 2903  
Minneapolis, MN 55402-0903

**Direct Telephone Calls To:**

Contact Name: Mark R. Hennings  
Contact Phone Number: 206.342.6200

## DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 50037.0216US01

MS DOCKET NO.: 303757.01

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Michael Swafford

Citizenship: USA

Residence: 2470 130th Avenue SE, Bellevue, WA 98005

Post Office Address: \_\_\_\_\_



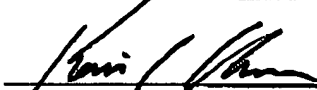
Inventor's Signature

06/03/2004

Date

Full Name of Inventor: Kevin Charles ChaseCitizenship: USAResidence: 9301 Avondale Rd, N.E., Apt C-1012, Redmond, WA 98052

Post Office Address: \_\_\_\_\_



Inventor's Signature

6/3/2004

Date